

# Medicaid Dental 101

## May 24, 2023



“Working to protect, preserve and promote the health and safety of the people of Michigan by listening, communicating and educating our providers, in order to effectively resolve issues and enable providers to find solutions within our industry. We are committed to establishing customer trust and value by providing a quality experience the first time, every time.”

-Provider Relations



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- Medicaid (Fee-For-Service) Dental Services

## Dental Benefit Plans

### Resources

- [MDHHS Dental providers website](#)
- [MDHHS Fluoride Varnish Training Certificates](#)
- [Oral Health and Medical Professionals](#)
- [Points of Light](#)

### Tools

- Prior Authorization form [MSA 1680-B](#)

### Programs

- [Michigan Dental Program \(a program for HIV+ persons only\)](#)
- [State Loan Repayment Program](#)
- [PA 161: Public Dental Prevention Program](#)

## DENTAL RESPONSIBILITIES CHART

Benefit Plan ID	Dental Coverage	Dental Coverage Verification	Transportation Responsibility
MA	Fee-For-Service	CHAMPS	Local MDHHS Office***
MA-MC	Medicaid Health Plan	MHP Dental Vendor*	Medicaid Health Plan
MA-HMP	Fee-For-Service	CHAMPS	Local MDHHS Office
MA-HMP-MC	Medicaid Health Plan	MHP Dental Vendor*	Medicaid Health Plan
MME-MC	Medicaid Health Plan	MHP Dental Vendor*	Medicaid Health Plan
ICO-MC	Medicaid ICO Health Plan	ICO HP Dental Vendor*	Medicaid ICO Health Plan
MA-ESO & MA-HMP-ESO	N/A	N/A	N/A
HK-DENTAL <small>BENEFICIARIES UNDER 21</small>	Delta Dental	Delta Dental**	Local MDHHS Office ***
	Blue Cross Blue Shield	Dentaquest**	Local MDHHS Office***

- Benefit Plans and Program details can be found in the [Michigan Medicaid Provider Manual](#), Chapter Beneficiary Eligibility, Section 2.1 Benefit Plans, or utilize the [Benefit Plan & Service Type Codes Table](#).
  - Providers with a beneficiary in a Managed Care Organization (i.e., Medicaid Health Plan (MHP) or Integrated Care Program (ICO) reference the [April 2023 Medicaid Managed Care Organization Dental Vendor Contact Resource](#).
  - Providers with a beneficiary in Children's Special Health Care Services (CSHCS) need to contact their [Local Health Department](#).
  - Providers with a beneficiary in the Program of All-Inclusive Care for the Elderly (PACE) need to follow up with the [PACE provider](#).

# Dental Benefit Plans – Policy Change

## Service Delivery Model

### Prior to April 1, 2023

- Beneficiaries 21 years and older with a MA-MC or MME-MC benefit plan that were not pregnant received Fee-For-Service Dental coverage.
- All Beneficiaries under 21 years of age (i.e., including pregnant women) assigned with the benefit Healthy Kids Dental (HKD) receive dental services through the HKD vendor.

### After April 1, 2023

- All beneficiaries 21 years and older in a Medicaid Health Plan (MHP), Integrated Care Organization (ICO), or PACE (i.e., MA-MC, MA-HMP-MC, MME-MC, ICO-MC, PACE?) will receive their dental benefit through the MHP dental vendor.
- All beneficiaries 19-20 (i.e., including pregnant women) in the Healthy Michigan Plan and a Medicaid Health Plan (MHP) (i.e., MA-HMP-MC) will receive their dental benefits through the MHP dental vendor.
- Dental services for Healthy Kids Dental (HKD) beneficiaries under 21 years of age, including pregnant women, will be provided by HKD vendors.

# Medicaid FFS Dental Services

- Dental Covered Services
  - Emergency\*
  - Diagnostic
  - Preventive
  - Restorative
  - Therapeutic service for dental disease which, if left untreated, would become acute dental problems or cause irreversible damage to teeth or supportive structures.
- Policies
  - [MMP 23-13](#) – Changes to Medicaid Dental Coverage
  - [MMP 22-51](#) – New Dental Reimbursement Methodology

*\* No change in current service coverage.*

# Medicaid FFS Dental Services – Policy Change:

Fluoride Treatment  
Fluoride Varnish  
Topical Application

## Prior to April 1, 2023 Preventive Dental Services

- Fluoride treatment (non-varnish and varnish) once every 6 months up to age 16.
- Fluoride varnish four times every 12 months under age 3.

## After April 1, 2023 Preventive Dental Services

- Topical application of fluoride (non-varnish and varnish) is covered for beneficiaries age 6 up to age 21 once every six months.
- Fluoride varnish is covered for beneficiaries under age 6 up to four times a year.

# Medicaid FFS Dental Services – Policy Change:

## Sealants

### Prior to April 1, 2023 Preventive Dental Services

- Sealants were covered on primary molars, first and second permanent premolars and molars for beneficiaries under 21.

### After April 1, 2023 Preventive Dental Services

- Sealants are covered for **all** beneficiaries.
  - Coverage includes fully erupted first and second primary molars (A, B, I, J, K, L, S, T).
  - Fully erupted first and second permanent molars (2, 3, 14, 15, 18, 19, 30, 31).
  - Fully erupted first and second permanent premolars (4, 5, 12, 13, 20, 21, 28, 29).



# Medicaid FFS Dental Services – Policy Change:

## Crown

### Prior to April 1, 2023 Dental Services Restorative

- Limited crown coverage was a covered benefit for beneficiaries under age 21.

### After April 1, 2023 Dental Services Restorative

- Laboratory processed cast restorations (crowns) and associated procedures are covered for **all** beneficiaries.
  - Coverage includes: Full metal crowns on molars.
  - Porcelain and porcelain fused to metal crowns for permanent first and second premolars, canines and incisors.

# Medicaid FFS Dental Services – Policy Change:

## Restorative Root Canal Treatment

### Prior to April 1, 2023 Restorative Dental Services

- Restorative root canal treatment was not previously covered for adults 21 and over.

### After April 1, 2023 Restorative Dental Services

- Restorative root canal treatment is a benefit for all beneficiaries.

# Medicaid FFS Dental Services – Policy Change:

## Periodontal Treatment

### Prior to April 1, 2023 Periodontal Treatment

- Routine cleanings only. No previous coverage for comprehensive, periodontal evaluation, scaling in the presence of inflammation, scaling and root planing, or periodontal maintenance.

### After April 1, 2023 Periodontal Treatment

- Periodontal services are a covered benefit for **all** beneficiaries.
  - A comprehensive periodontal evaluation is covered once every 12 months.
  - Scaling in the presence of inflammation is covered once every six months.
  - Periodontal scaling and root planing are covered every two years, and require prior authorization.
  - Periodontal maintenance is covered once every six months.

# Medicaid FFS Dental Services – Policy Change:

Prior Authorization

## Prior to April 1, 2023 Prior Authorization

- Complete and Partial Dentures
- There was a requirement, for a partial denture to be covered, that the beneficiary had to be missing one front (anterior) tooth and had to have less than eight back (posterior) teeth that could bite together when chewing (for example four on the top and four on the bottom.)

## After April 1, 2023 Prior Authorization


- Complete and partial dentures will no longer require PA.
- In addition, Medicaid is removing the partial denture requirements for missing at least one anterior tooth or having less than eight posterior teeth in occlusion.
- Providers will be required to utilize the dental frequency verification process.

# Dental Provider Website

New Fee-for-Service Dental  
Website:

[www.michigan.gov/MedicaidProviders](http://www.michigan.gov/MedicaidProviders)

>> click on Provider Alerts >> Dental


**Health & Human Services**

Adult & Children's Services
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# Medicaid Providers

Home > Assistance Programs > Medicaid > Medicaid > Medicaid Providers

This page provides information for healthcare providers who provide services to Medicaid beneficiaries or would like to enroll as a Medicaid provider.

It provides links to CHAMPS, billing and reimbursement resources, training, policy documents, and much more.

**COVID-19 Public Health Emergency (PHE) 2023 Benefit Changes**

Many changes were made to the Medicaid program's eligibility, administration, and policies to ease rules for providers and prevent Medicaid beneficiaries from losing health insurance. As per [federal legislation](#), Michigan will restart monthly eligibility renewals for both fee-for-service Medicaid and Medicaid Health Plan (MHP) starting in June 2023. Certain waived policies that were in place during the PHE are now in the process of unwinding and will continue the unwind process as the authority for these policies expire.

Additional COVID-19 Information

- [www.michigan.gov/coronavirus](#)
- Learn about each phase of the [MI Safe Start Plan](#)

CHAMPS

Billing & Reimbursement

Provider Enrollment

Policy, Letters & Forms

Provider Alerts

Training

### Upcoming Initiatives


Electronic Visit Verification

Improving Care for Justice Involved Patients

Healthy Moms, Healthy Babies

Managed Long Term Services and Supports (MLTSS)




**Health & Human Services**

Adult & Children's Services
Assistance Programs
Safety & Injury Prevention
Keeping Michigan Healthy
Doing Business with MDHHS
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News

# Medicaid Provider Alerts & Resources

Home > Assistance Programs > Medicaid > Medicaid > Medicaid Providers > Medicaid Provider Alerts

**April 11 2023 Transfer of Adult Dental Prior Authorizations**

**April 10 2023 Clinic Takebacks Delayed**


**April 10 2023 Outpatient Hospital Providers APC and ASC Update**

**April 10 2023 Upcoming CHAMPS Outage**

**April 5 2023 Dental Providers Reminded to Check Eligibility**


[Click to View All Alerts and Updates](#)

### Provider Resources




#### Dental Providers

Resources and tips for Dental providers that submit electronic claims on the ASC X12N 837D 5010 dental format or the Dental claims option via the CHAMPS Direct Data Entry(DDE) screens.



#### Institutional Providers


Resources and tips for Institutional providers that submit electronic claims on the ASC X12N 837I 5010 institutional format or the Institutional claims option via the CHAMPS Direct Data Entry(DDE) screen. Such as Clinics, Home Health Agencies, Hospice, Hospitals, Nursing Facilities, and more.




#### Professional Providers

Resources and tips for Professional providers that submit electronic claims on the ASC X12N 837P 5010 Professional format or the Professional claims option via the CHAMPS Direct Data Entry(DDE) screens. Such as Ambulance, Medical Clinics, Durable Medical Equipment (DME)/Medical Suppliers, Physicians (MD & DO), and more.

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**Health & Human Services**

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Medicaid Provider Alerts
Dental

Stay in the loop on Dental updates and changes by signing up for

Listserv notifications

This page is intended for Dental providers who are new to the Medicaid program or are looking for resource materials. This page contains information needed to enroll and submit dental claims to the Michigan Department of Health and Human Services (MDHHS) for Medicaid and Children's Special Health Care Services (CSHCS). It also contains information about how claims are processed and how providers are notified of MDHHS actions.

To access a resource click on the preferred file hyperlink.

New to Michigan Medicaid Dental? Review our Dental Provider Beginner Guide

Register for MILogin and Request CHAMPS Access

All providers who serve Michigan Medicaid beneficiaries, including providers participating in Medicaid Health Plans (MHP) and Dental Health Plans provider networks, must be screened and enrolled in the Community Health Automated Medicaid Processing System (CHAMPS).

Click here for an overview and CHAMPS resources to start the enrollment process

## Verification

### Eligibility

A person eligible for and/or receiving services under the MI Medicaid Program can be verified using the CHAMPS member search function. The Member tab or function in CHAMPS allows access for users to verify eligibility for a member via the web-based screens or by submitting a 270-electronic request. Providers need to utilize the Benefit Plan ID(s) indicated in the eligibility response to determine coverage for a specific date of service.

### Claim Submission

All claims submitted and accepted are processed through CHAMPS. Paper claims are scanned and converted to the same file format as claims submitted electronically. Claims processed through CHAMPS are edited for many parameters, including provider and beneficiary eligibility, procedure validity, claim duplication, frequency limitations for services, and a combination of service edits. Electronic claims received by Wednesday may be processed as early as the next weekly cycle. MDHHS encourages providers to send claims electronically.

- How to submit a claim in CHAMPS via Direct Data Entry (DDE)? [Dental](#)
- Electro
- How to

### After the Claim Has Processed

Once claims have been submitted and processed through CHAMPS, an electronic health care claim payment/advice (ASC X12N 835 5010) is sent to the designated service bureau for providers choosing an electronic RA. The CHAMPS RA is also available to providers online or is sent to providers via paper if requested through the Provider Enrollment Subsystem.

### Additional

- [Billing](#)
- [CHAM](#)
- [How to](#)
- [How to](#)
- [Other](#)
- [Other](#)
- [Suspe](#)
- [Timely](#)

- How to status a claim >> [Claim Status Instructions](#)

- What does suspended mean? The claim has been submitted but requires manual review.

- How to locate a paper Remittance Advice (RA) >> [Retrieving a Medicaid Paper RA](#)

- How to locate the Washington Publishing Company for Claim Adjustment Reason Codes (CARC) and Remittance Advice Remark Codes (RARC) explanation >> [External Links Quick Reference](#)

Electronic Funds Transfer (EFT) is the method of direct deposit of State of Michigan payments into a provider's bank account. This replaces a paper warrant. To initiate an EFT, visit the [SIGMA website](#).



## Need More Help? Provider Support is Here

If you are thinking about becoming an enrolled Medicaid dental provider or are currently enrolled and are interested in having an MDHHS Provider Consultant contact you for 1-on-1 conversation, please submit your request using the link below. Once the information is submitted it will be logged and forwarded to a Provider Consultant that specializes in your field. The Provider Consultant will then, contact you to make the necessary arrangements. These 1-on-1 sessions are available virtually or in person and are intended to provide specialized training for providers.

[1-on-1 Appointment Request](#) >

# Provider Enrollment: Getting Started

- Determine Enrollment Type
- Register for SIGMA
- Register for MILogin and Request CHAMPS Access
- Step-By-Step CHAMPS Enrollment Guides
- Contact a Managed Care Organization (MCO)



# Provider Enrollment: Getting Started

- Determine Enrollment Type
  - There are different CHAMPS Enrollment Types, read through the definitions to determine which is the appropriate Dental Enrollment Type.

- **Individual/Sole Proprietor:**
  - **Individual/Sole Proprietor:** An Individual/Sole Proprietor is a provider that owns his/her practice. This provider will receive payments directly from MDHHS for services rendered at their practice. An Individual/Sole Proprietor may associate to other entities and Rendering/Servicing providers may associate to an Individual/Sole Proprietor.
  - **Rendering/Servicing:** A Rendering/Servicing provider provides services through a Group, Facility, Agency, Organization, or Individual/Sole Proprietor. A Rendering/Servicing provider does not bill directly to Michigan Medicaid. The Billing Provider that is associated to this applicant type, submits claims and receives payments for the Rendering/Servicing provider. This Billing Provider must be approved in CHAMPS before to the submission of a new enrollment application for a Rendering/Servicing provider.
- **Group:** A Group provider is an organization of individual providers that provide medical or dental services. A Group provider would receive a Type 2 NPI and rendering/servicing providers would associate to the Group provider. All new Group enrollments must be completed utilizing the CHAMPS system. All providers who are associated to a Group will not be able to complete a new enrollment until the Group has been approved in CHAMPS.
- **FAO:** (Facility/Agency/Organization) Note, this enrollment type pertains to Federal Qualified Health Centers and Local Health Departments. Reference the [Facility/Agency/Organization webpage](#) for step-by-step instructions.

*If you are currently enrolled in CHAMPS and only providing managed care organization services through a Medicaid Health Plan or an Integrated Care Organization and are now interested in providing fee-for-service dental services you do not need to re-enroll.*

# Provider Enrollment: Getting Started

- Register for SIGMA
  - Registration in [SIGMA VSS](#) is required to receive payments directly.
  - Individual/Sole Proprietor, Group, and FAO providers are required to enroll within SIGMA prior to starting the enrollment process in CHAMPS.
    - Rendering/Servicing only Enrollment Type applications do not have to register with SIGMA. Payment will be received from the associated billing provider.
- Register for MILogin and Request CHAMPS Access
  - All providers must register for MILogin to access the CHAMPS system.
    - [Register for MILogin & Request Access to CHAMPS Instructions](#)
  - CHAMPS provider enrollment instructions and user guides.
    - [Individual/Sole Proprietor Enrollment Instructions](#)
    - [Rendering/Servicing Enrollment Instructions](#)
    - [Group Enrollment Instructions](#)
    - [Facility/Agency/Organization \(FAO\) Instructions](#)

# Provider Enrollment: Getting Started

- Providers wanting to treat patients who are enrolled in a Medicaid Health Plan (MHP) and Integrated Care Organizations (ICOs) will need to contact the MHP in their county.
  - Medicaid beneficiaries ages 21 years and older, including Healthy Michigan Plan beneficiaries and pregnant women who are enrolled in an MHP, ICO, or PACE, will receive dental benefits through the health plan.
- [List of Medicaid Health Plans Contact and Service Listing](#)- List of Medicaid health plans showing Michigan counties in which each operates.
- [ICO Contact List for Providers](#)-List of MI Health Link provider health plan websites and phone numbers

# MILogin Introduction

All users within a provider's organization who need access to the information within CHAMPS (Provider Enrollment, Claims, Prior Authorization, etc.) must obtain a MILogin user ID and password.

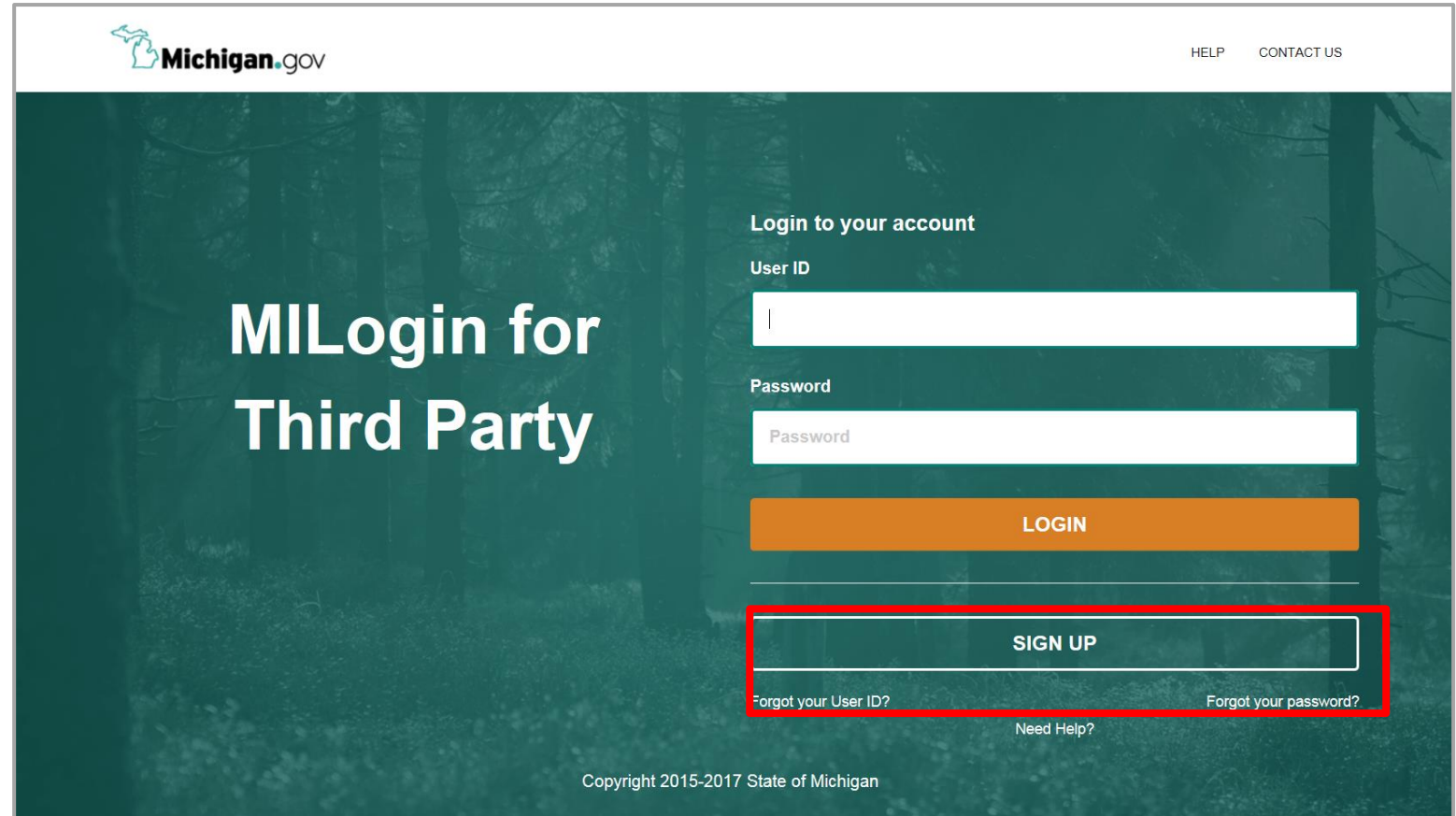
## MILogin Introduction

- Providers must register for a MILogin account to access the CHAMPS system. All users within a provider's organization who need access to the information within CHAMPS (Provider Enrollment, Claims, Prior Authorization, etc.) must obtain a MILogin user ID and password. For instructions on how to obtain a MILogin user ID and password as well as subscribe to CHAMPS see [MILogin Instructions](#).

- The MILogin user who submits the Provider Enrollment application becomes the Provider Domain Administrator for that application. The Provider Domain Administrator has the responsibility of assigning rights for all users within the organization to access the provider's file. Multiple Provider Domain Administrators may be established for a single organization. If the current Domain Administrator is unable to assign access to a new user, the below forms must be completed and signed by the provider for the new user. [Domain Administrator Functions](#)
  - [Quick Reference Guide](#)
  - Electronic Signature Agreement Cover Sheet [MDHHS-5405](#)
  - Electronic Signature Agreement [DCH-1401](#)
- One of the following profiles is needed to access the Provider tab: CHAMPS Full Access, CHAMPS Limited Access, Provider Enrollment View Access, or Provider Enrollment Access. For details on additional profiles visit the [Admin Tab website](#).

## MILogin Introduction

- Open your web browser (e.g. Internet Explorer, Google Chrome, Mozilla Firefox, etc.)
- Enter <https://milogintp.Michigan.gov> into the search bar
- Enter your User ID and Password
- Click Login
- [MILogin Instructions](#)



The screenshot shows the MILogin for Third Party login page. The page has a dark green background with a forest image. The Michigan.gov logo is in the top left, and 'HELP' and 'CONTACT US' links are in the top right. The main heading is 'MILogin for Third Party'. On the right, there is a login form with fields for 'User ID' and 'Password', a 'LOGIN' button, and a 'SIGN UP' button. Below the 'SIGN UP' button are links for 'Forgot your User ID?', 'Forgot your password?', and 'Need Help?'. The 'SIGN UP' button and the links below it are highlighted with a red rectangle. The footer text is 'Copyright 2015-2017 State of Michigan'.

Michigan.gov

HELP CONTACT US

# MILogin for Third Party

Login to your account

User ID

Password

LOGIN

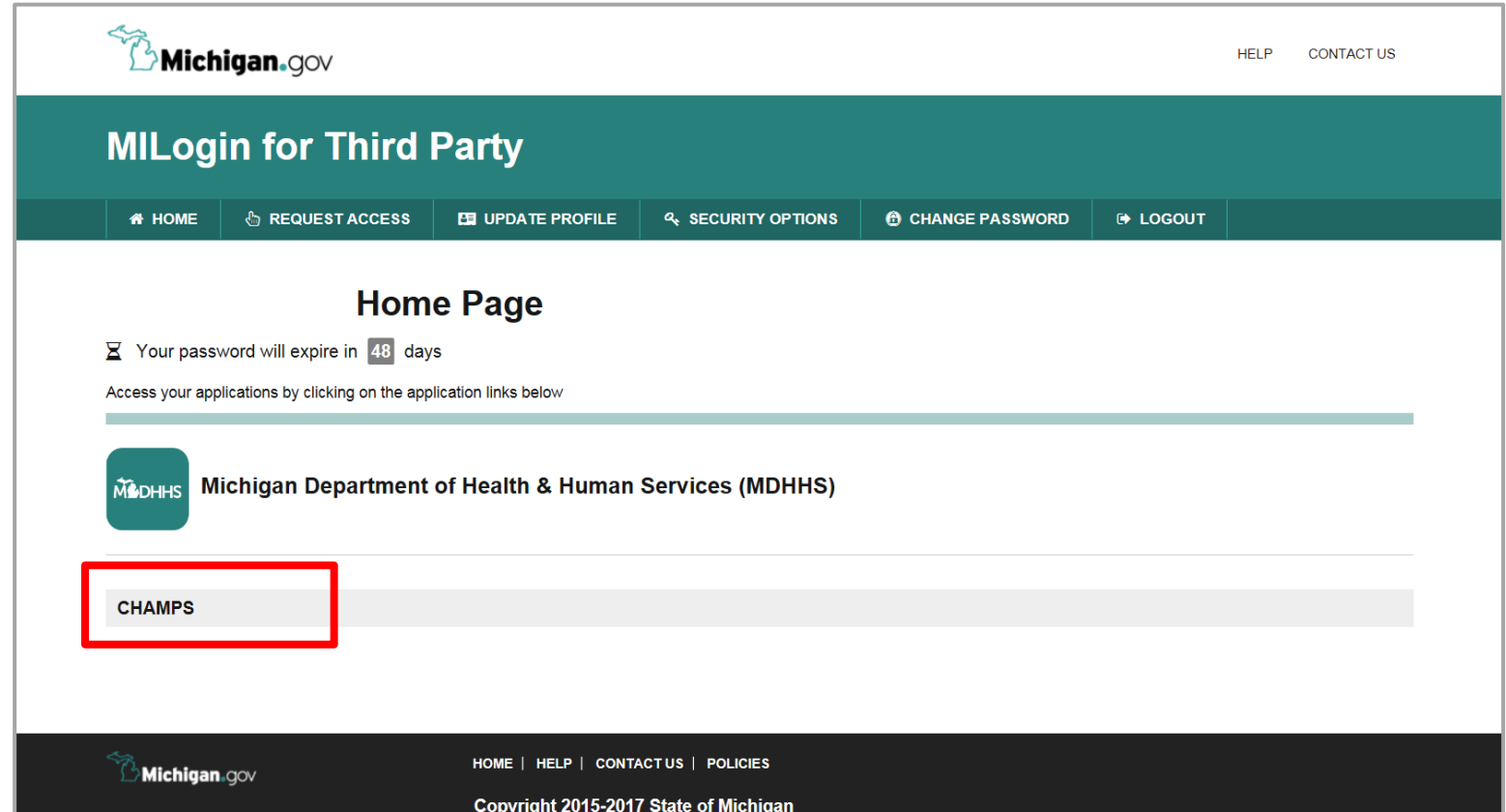
SIGN UP

[Forgot your User ID?](#) [Forgot your password?](#) [Need Help?](#)

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## MILogin Introduction

- You will be directed to your MILogin Home Page
- Click the CHAMPS hyperlink
- *\*MILogin resource links are listed at the bottom of the page*



The screenshot displays the MILogin for Third Party interface. At the top, the Michigan.gov logo is on the left, and 'HELP' and 'CONTACT US' links are on the right. A teal header bar contains the title 'MILogin for Third Party'. Below this is a navigation bar with links: HOME, REQUEST ACCESS, UPDATE PROFILE, SECURITY OPTIONS, CHANGE PASSWORD, and LOGOUT. The main content area is titled 'Home Page' and includes a password expiration notice: 'Your password will expire in 48 days'. It also states 'Access your applications by clicking on the application links below'. A horizontal bar lists applications, with 'CHAMPS' highlighted by a red rectangle. The footer contains the Michigan.gov logo, navigation links (HOME, HELP, CONTACT US, POLICIES), and the copyright notice 'Copyright 2015-2017 State of Michigan'.

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HELP CONTACT US


### MILogin for Third Party

HOME REQUEST ACCESS UPDATE PROFILE SECURITY OPTIONS CHANGE PASSWORD LOGOUT

#### Home Page

Your password will expire in 48 days

Access your applications by clicking on the application links below

 Michigan Department of Health & Human Services (MDHHS)

**CHAMPS**

Michigan.gov

HOME | HELP | CONTACT US | POLICIES

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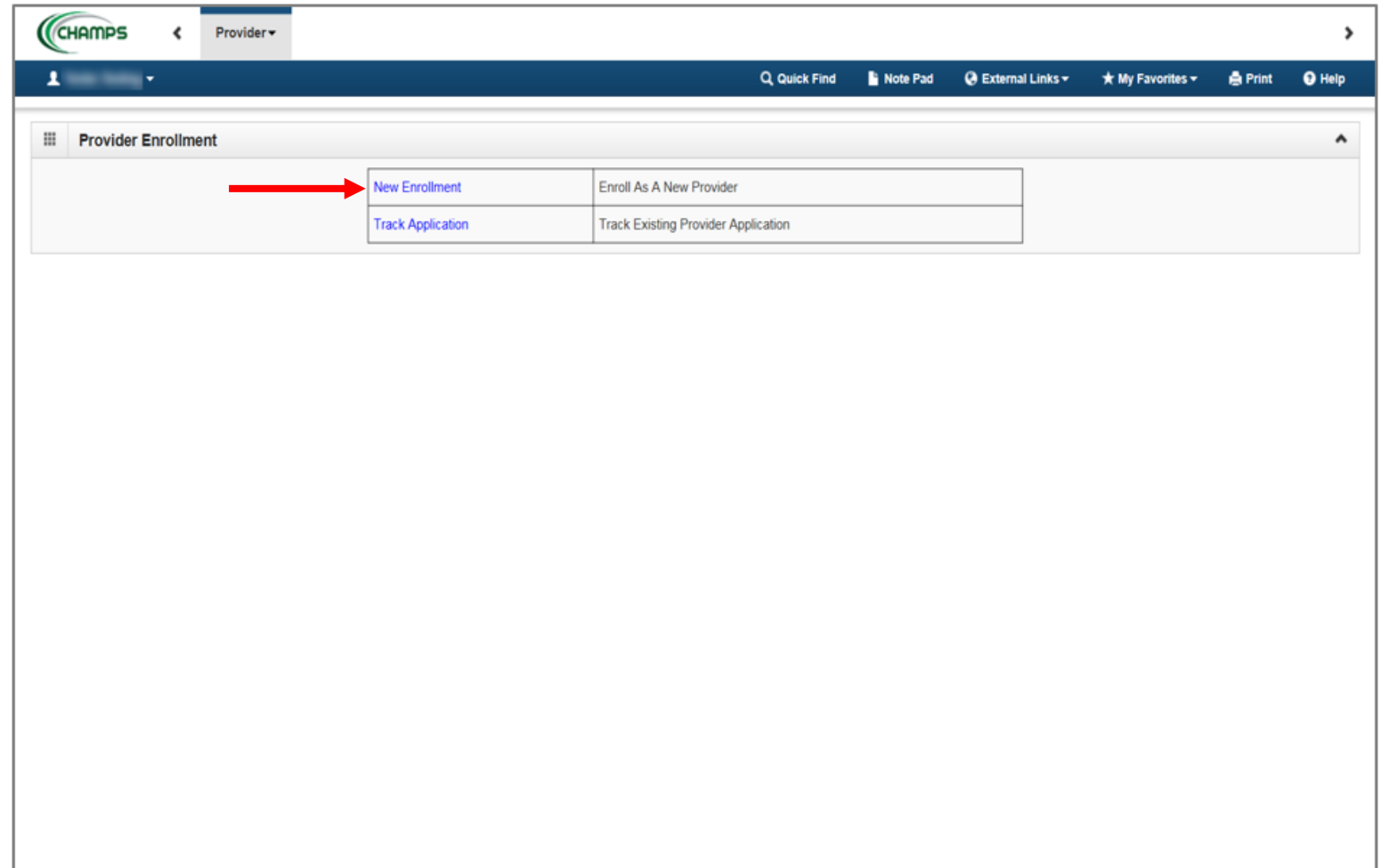
# CHAMPS Introduction

All providers who serve Michigan Medicaid beneficiaries are required to be screened and enrolled in the [Community Health Automated Medicaid Processing System \(CHAMPS\)](#). The CHAMPS provider enrollment subsystem allows providers to easily update their information at any time or submit a new provider enrollment application. Visit any of the below links to review CHAMPS provider enrollment instructions and user guides.



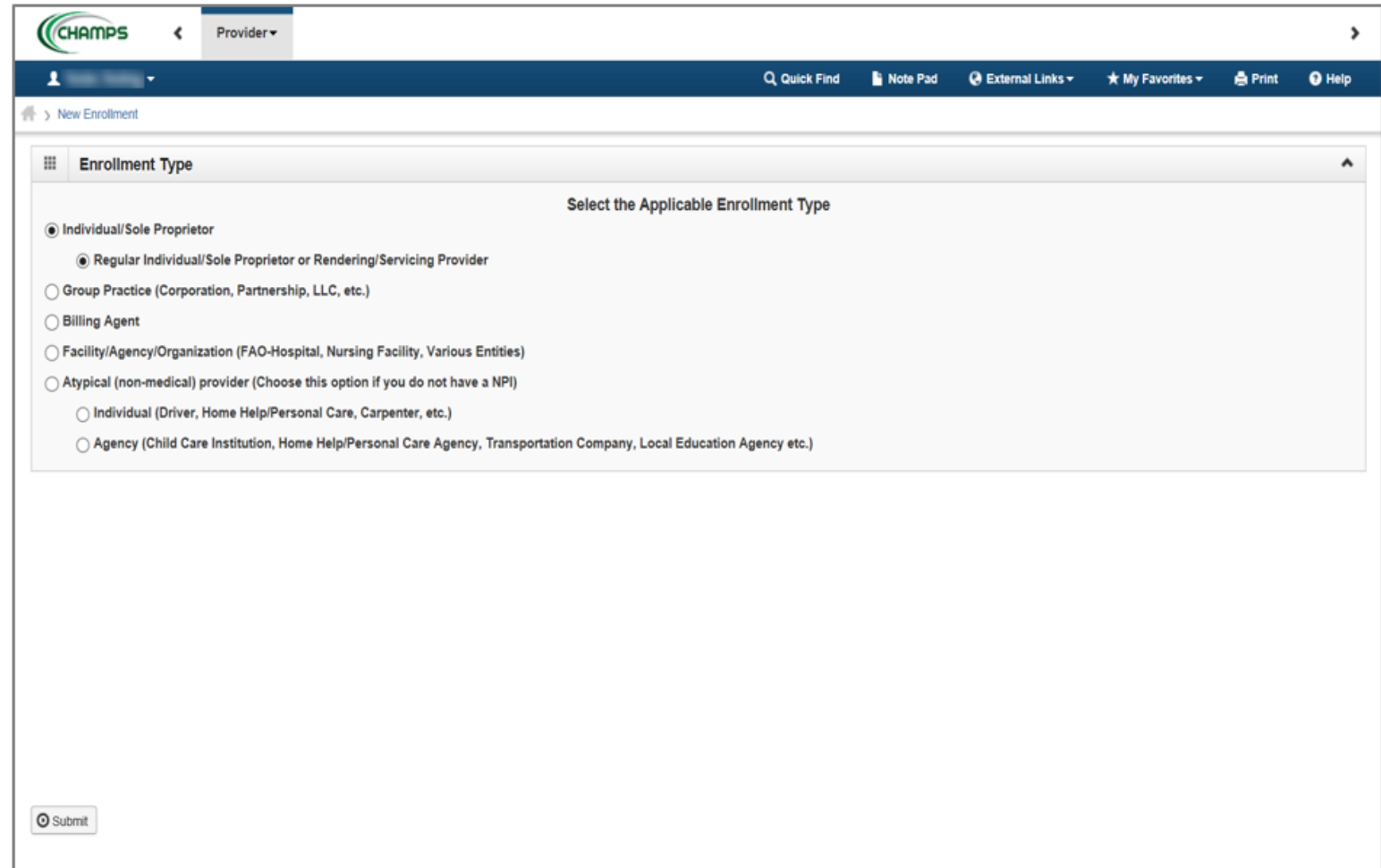
# CHAMPS Introduction

- Once registered for MI Login access and approved for CHAMPS access providers may start the enrollment process.



# CHAMPS Introduction

- Dental providers and specialty groups may enroll as:
  - [Individual/Sole Proprietor Enrollment Instructions](#)
  - [Rendering/Servicing Enrollment Instructions](#)
  - [Group Enrollment Instructions](#)



The screenshot displays the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo, a 'Provider' dropdown menu, and a search bar. Below the navigation bar, there is a 'New Enrollment' link. The main content area is titled 'Enrollment Type' and contains a form with the heading 'Select the Applicable Enrollment Type'. The form lists several options with radio buttons: 'Individual/Sole Proprietor' (selected), 'Group Practice (Corporation, Partnership, LLC, etc.)', 'Billing Agent', 'Facility/Agency/Organization (FAO-Hospital, Nursing Facility, Various Entities)', and 'Atypical (non-medical) provider (Choose this option if you do not have a NPI)'. Under 'Atypical (non-medical) provider', there are two sub-options: 'Individual (Driver, Home Help/Personal Care, Carpenter, etc.)' and 'Agency (Child Care Institution, Home Help/Personal Care Agency, Transportation Company, Local Education Agency etc.)'. A 'Submit' button is located at the bottom left of the form.

## Individual/Sole Proprietor & Rendering/Servicing Basic Information First Step

- Individual/Sole Proprietor will include an EIN tax identification number along with a **SIGMA** vendor number labeled Vendor ID.

## Group Provider Basic Information First Step

The screenshot shows the 'Basic Information' form in the MMS system. The 'Applicant Type' dropdown menu is highlighted with a red box and set to 'Rendering/Servicing Only'. The form includes fields for personal information (First Name, Last Name, Middle Initial, Gender, Suffix, SSN, Date of Birth, NPI) and contact information (Contact Email Address, Email-1 through Email-4). Below the 'Basic Information' section is the 'Home Address' section, which includes a warning message: 'Please ensure you are providing the home address of this provider. Failure to do so may result in this application/modification being denied.' The 'Home Address' section contains fields for Address Line 1, Address Line 2, Address Line 3, City/Town, County, State/Province, Country, and Zip Code. The form is displayed in an Internet Explorer browser window.

The screenshot shows the 'Basic Information' form in the MMS system for a Group Provider. The form includes fields for 'Legal Entity Name' (with a note '(As shown on the Income Tax Return)'), 'Entity Business Name' (with a note '(Doing Business As)'), 'EIN/TIN', and 'Vendor ID'. There is also a 'Medicare Cost Share' checkbox and an 'NPI' field. The 'Contact Email Address' section includes fields for Email-1 through Email-6. The form is displayed in a Microsoft Edge browser window.

Provider

Last Login:

Note Pad

External Links

My Favorites

Print

Help

New Enrollment > Individual Enrollment

Application ID

Individual Sole/Proprietor & Group (exception Step 5) Enrollment Application

Close

Enroll Provider - Individual

Step

Step 1: Provider Basic Information

Step 2: Add Locations

Step 3: Add Specialties

Step 4: Associate Billing Provider/Other Associations

Step 5: Add License/Certification/Other

Step 6: Add Mode of Claim Submission/EDI Exchange

Step 7: Associate Billing Agent

Step 8: Add Provider Controlling Interest/Ownership Details

Step 9: Add Taxonomy Details

Step 10: Associate MCO Plan

Step 11: 835/ERA Enrollment Form

Step 12: Upload Documents

Step 13: Complete Enrollment Checklist

Step 14: Submit Enrollment Application for Approval

View Page: 1

Go

Page Count

Save to Excel

A Group Enrollment Application will not have the License/Certification/Other step. Group Applications once approved will have an additional step to view associated servicing providers.

Reference [slide 18](#) for Provider Enrollment application step-by-step instructions.

Provider

Last Login: 13 APR, 2023 12:10 PM

Note Pad

External Links

My Favorites

Print

Help

New Enrollment > Individual Enrollment

Application ID:

Rendering/Servicing Enrollment Application

Close

Enroll Provider - Individual

Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	04/13/2023	04/13/2023	Complete	
Step 2: Add Specialties	Required	04/13/2023	04/13/2023	Complete	
Step 3: Associate Billing Provider/Other Associations	Required			Incomplete	Please add required Billing Provider.
Step 4: Add License/Certification/Other	Required			Incomplete	Please add required License/Certification.
Step 5: Add Provider Controlling Interest/Ownership Details	Optional			Incomplete	
Step 6: Add Taxonomy Details	Required			Incomplete	
Step 7: Associate MCO Plan	Optional			Incomplete	
Step 8: Upload Documents	Optional			Incomplete	
Step 9: Complete Enrollment Checklist	Required			Incomplete	
Step 10: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1

Go

Page Count

Save to Excel

Viewing Page: 1

First

Prev

Next

Last

## CHAMPS Introduction: Reminder

- Dental Providers can enroll as:
  - [Individual/Sole Proprietor Enrollment](#)
  - [Rendering/Servicing Enrollment](#)
  - [Group Enrollment](#)
- [Track Application](#)

- Dental Providers will receive a letter in the mail once they are approved in CHAMPS (exception, the rendering provider letter will go to the billing provider).
  - Utilize the [April 2023 Medicaid Health Plan Dental Vendor Contact Resource](#) to contract with a Managed Care Organization.
- CHAMPS:
  - The Domain(s) displayed will be the provider NPI.
  - For Profile options visit the [Admin Tab website](#).
- The steps listed and the requirements of each step will change depending on the provider enrollment type.
- A Rendering/Servicing enrollment has to associate to an Individual/Sole Proprietor or Group enrollment.
  - Rendering/Servicing cannot directly bill a claim to MDHHS.

# MILogin for Third Party

[HOME](#)
[REQUEST ACCESS](#)
[UPDATE PROFILE](#)
[SECURITY OPTIONS](#)
[CHANGE PASSWORD](#)
[LOGOUT](#)

## Home Page

Your password will expire in **48** days

Access your applications by clicking on the application links below



Michigan Department of Health & Human Services (MDHHS)

CHAMPS

Approved providers will receive a letter in the mail. Once approved, click on CHAMPS from MILogin, this will direct providers to the CHAMPS terms & conditions. After acknowledging CHAMPS will open.

## Terms & Conditions

### CHAMPS

#### Terms & Conditions

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CANCEL ✕

Acknowledge/Agree



Select Domain  \*

Select Profile  \*

Select Favorite

# CHAMPS Introduction: Subsystems

- Each CHAMPS subsystem is displayed at the top and are referred to as Tabs.
- The tabs displayed in CHAMPS are dependent on the Profile selected.
  - For a list of profiles reference the Michigan Medicaid Provider Manual, Chapter General Information for Providers, [Section 4.2 Provider Profiles](#)
- CHAMPS Full Access profile displays the following tabs:
  - My Inbox
  - Provider (Provider Enrollment)
  - Claims
  - Member (Eligibility)
  - PA (Prior Authorization)

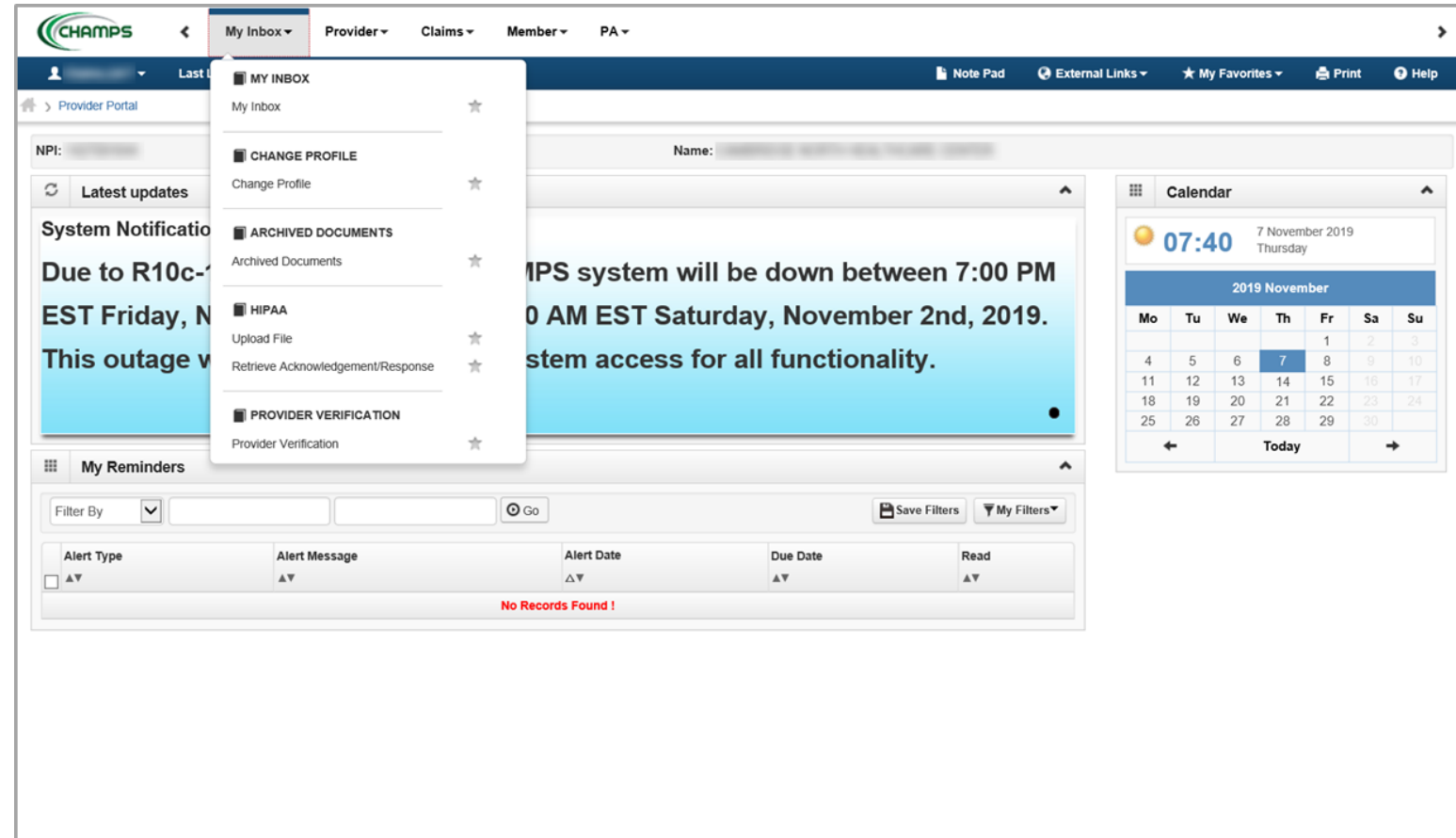
The screenshot displays the CHAMPS Provider Portal interface. At the top, there is a navigation bar with tabs: My Inbox, Provider, Claims, Member, and PA. Below this, a header bar shows the user's name, last login time (23 OCT, 2019 10:10 AM), and links for Note Pad, External Links, My Favorites, Print, and Help. The main content area is divided into three sections:

- Latest updates:** A system notification box with a blue background stating: "Due to R10c-1.7.0.2 Release, the CHAMPS system will be down between 7:00 PM EST Friday, November 1st through 2:00 AM EST Saturday, November 2nd, 2019. This outage will affect the CHAMPS system access for all functionality."
- Calendar:** A calendar for November 2019, showing the current date as Thursday, November 7, 2019, at 07:23. The calendar grid shows dates from 1 to 30.
- My Reminders:** A section with a filter dropdown, a search bar, and a "Go" button. Below this is a table with columns: Alert Type, Alert Message, Alert Date, Due Date, and Read. The table currently displays "No Records Found !".

This presentation, including the screen captures, are based on the CHAMPS Full Access Profile. Additional features and tabs will vary based on the profile selected.

# CHAMPS Introduction: My Inbox Tab

- The My Inbox tab in CHAMPS allows users to:
  - View system alerts
  - Change selected domain and profile
  - View archived documents (including paper remittance advice)
  - Upload HIPAA Compliant files
  - Verify if a National Provider Identifier (NPI) or Provider ID is enrolled with Michigan Medicaid
- For details on each function in the tab visit:
  - [My Inbox Resources](#)





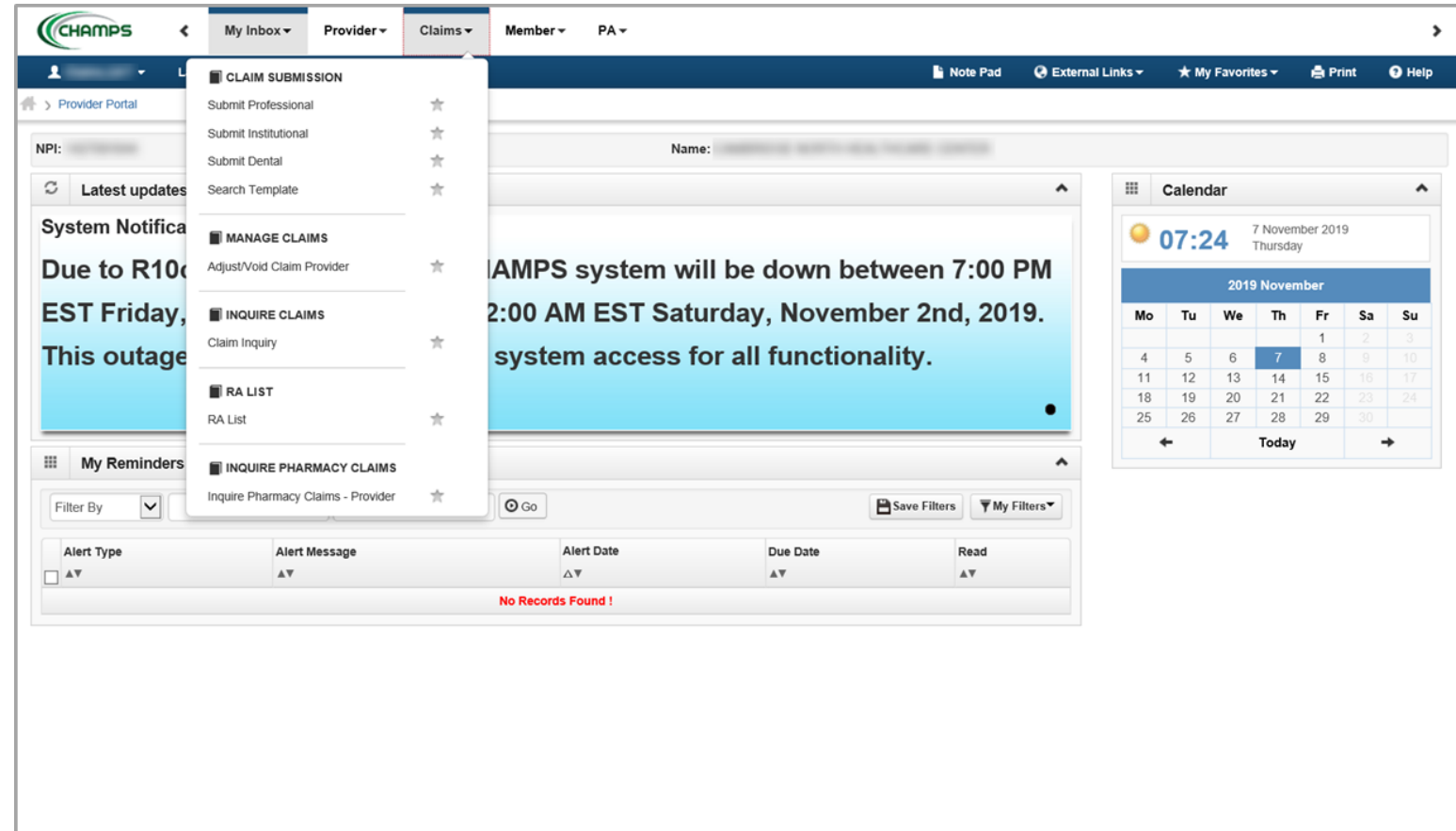
# CHAMPS Introduction: Provider Tab

- The Provider tab in CHAMPS allows users to:
  - Submit a new application and track its progress
  - Manage/Update current Provider enrollment information
    - This is where providers will need to go to complete a revalidation
- For details on each function in the tab visit:
  - [Provider Resources](#)

The screenshot displays the CHAMPS Provider Portal. At the top, there's a navigation bar with tabs: My Inbox, Provider (selected), Claims, Member, and PA. A dropdown menu for the Provider tab is open, showing options: PROVIDER ENROLLMENT (New Enrollment, Track Application) and MANAGE PROVIDER (Manage Provider Information). A large blue notification box in the center reads: "Due to R10c-1.7.0.2 Release, the CHAMPS system will be down between 7:00 PM EST Friday, November 1st through 2:00 AM EST Saturday, November 2nd, 2019. This outage will affect the CHAMPS system access for all functionality." Below this is a "My Reminders" section with a filter dropdown, a "Go" button, and "Save Filters" and "My Filters" buttons. The reminder table has columns: Alert Type, Alert Message, Alert Date, Due Date, and Read. It currently shows "No Records Found!". On the right, there's a "Calendar" widget showing the date 7 November 2019 (Thursday) and a calendar grid for November 2019.

# CHAMPS Introduction: Claims Tab

- The Claims tab in CHAMPS allows users to:
  - Submit direct data entry for professional, institutional, and dental claims
  - Create a claim template and save for future use
  - Adjust and/or Void paid claims
  - Look-up or status submitted claims and/or create a claims report
  - Look-up an electronic version of a remittance advice/835
- For details on each function in the tab visit:
  - [Claims Resources](#)



# CHAMPS Introduction: Member Tab

- The Member tab in CHAMPS allows access for users to:
  - Verify beneficiary eligibility; including Health Plan information
  - Inquire on Other Insurance
  - Look-up Patient Pay amount
- For details on each function in the tab visit:
  - [Member Resources](#)

The screenshot displays the CHAMPS Member Tab interface. At the top, there is a navigation bar with tabs: My Inbox, Provider, Claims, Member (selected), and PA. Below the navigation bar, there is a header section with a user profile icon, last login information (23 OCT, 2019 10:10), and a dropdown menu for ELIGIBILITY INQUIRY. The main content area is divided into two sections. The top section, titled 'Latest updates', contains a 'System Notification' box with a blue background and white text stating: 'Due to R10c-1.7.0.2 Release, the CHAMPS system will be down between 7:00 PM EST Friday, November 1st through 2:00 AM EST Saturday, November 2nd, 2019. This outage will affect the CHAMPS system access for all functionality.' The bottom section, titled 'My Reminders', features a filter dropdown, a 'Go' button, and a table with columns: Alert Type, Alert Message, Alert Date, Due Date, and Read. The table currently displays 'No Records Found!'. On the right side of the interface, there is a 'Calendar' widget showing the date 7 November 2019 (Thursday) and a calendar grid for the month of November 2019.

# CHAMPS Introduction: PA Tab

- The PA (Prior Authorization) tab in CHAMPS allows access for users to:
  - View submitted PAs
  - Search for a specific PA by entering in the tracking number
  - Submit a new PA
- For details on each function in the tab visit:
  - [PA Resources](#)

The screenshot displays the CHAMPS Provider Portal interface. At the top, a navigation bar includes tabs for 'My Inbox', 'Provider', 'Claims', 'Member', and 'PA'. The 'PA' tab is selected, and a dropdown menu is open, showing 'PA REQUEST LIST' and 'PA INQUIRE' options. Below the navigation bar, the 'Latest updates' section features a system notification: 'Due to R10c-1.7.0.2 Release, the CHAMPS system will be down between 7:00 PM EST Friday, November 1st through 2:00 AM EST Saturday, November 2nd, 2019. This outage will affect the CHAMPS system access for all functionality.' To the right, a calendar widget shows the date '7 November 2019 Thursday' and a time of '07:25'. Below the notification, the 'My Reminders' section is visible, containing a filter dropdown, a 'Go' button, and a table with columns for 'Alert Type', 'Alert Message', 'Alert Date', 'Due Date', and 'Read'. The table currently displays 'No Records Found!'.

# CHAMPS Introduction: Additional Features



## Filter

Saving and deleting  
personal filters

[Resource](#)



## Notepad

An electronic sticky note

[Resource](#)



## External Links

Links to other  
applications or websites  
accessible to providers

[Resource](#)



## Favorites

Add and Delete  
functionality from  
CHAMPS login screen.

[Resource](#)

# CHAMPS Introduction

- These resources serve as starting points for understanding the basics of the CHAMPS system and subsystems (i.e., Tab).

## 101 Presentations

- Introduction to MILogin and CHAMPS - [PDF](#), [Webinar](#)
- My Inbox Tab - [PDF](#), [Webinar](#)
- Provider Tab - [PDF](#), [Webinar](#)
- Claims Tab - [PDF](#), [Webinar](#)
- Member Tab - [PDF](#), [Webinar](#)
- PA (Prior Authorization) Tab - [PDF](#), [Webinar](#)

## 102 Resources

- Dental- [PDF](#), [Webinar](#)
  - Dental DDE Claim Submission- [Video](#)
  - Dental Claim Inquiry- [Video](#)
- Member Eligibility - [Video](#)
- Medicaid Code and Rate Reference Tool- [Video](#)
- Prior Authorization Submission- [Video](#)
- Prior Authorization Inquiry- [Video](#)
- Claim adjust and void- [Video](#)

# Dental Beginner Guide

- Verification Requirement
  - Eligibility
  - Coding
- Claim Submission
- After the Claim has been Processed

## Verification Requirement: Eligibility

- Medicaid Health Plans (MHPs) and Integrated Care Organizations (ICOs) must provide the full range of covered services described in policy at a minimum and may choose to provide services over and above those specified. MHPs and ICOs may develop prior authorization (PA) requirements and review criteria that differ from Medicaid requirements. For beneficiaries enrolled in an MHP or ICO, the provider must check with the beneficiary's health plan for PA requirements.

## Eligibility

- Check beneficiary eligibility prior to services: Reference [Eligibility Inquiry](#)
- Is your patient in a Health Plan? Reference the [Medicaid Health Plan Dental Vendor Contact Resource](#)
- [Dental Responsibilities at a Glance](#)
- Michigan Medicaid eligibility policy >> [Michigan Medicaid Provider Manual](#) >> Chapter Beneficiary Eligibility



# Verification Requirement: Eligibility

- If a beneficiary does not have a mihealth card, a provider can also access the beneficiary's eligibility information with the additional search methods displayed.
- Providers will need to utilize the Benefit Plan ID(s) indicated in the eligibility response to determine a beneficiary's program coverage and related covered services for a specific date of service.
- For a list of each of the Benefit Plans and their description visit the [Michigan Medicaid Provider Manual](#)>>reference Chapter Beneficiary Eligibility>>Section 2.1 Benefit Plans
- For further help in understanding the Member Eligibility Screen reference [Eligibility Inquiry resource](#) from [www.Michigan.gov/MedicaidProvider](http://www.Michigan.gov/MedicaidProvider) >>CHAMPS>>Eligibility and Enrollment (Member Tab)

**CHAMPS** < My Inbox > Provider > Claims > Member > PA >

Last Login: 05 MAR, 2020 10:09 AM

Note Pad External Links > My Favorites > Print Help

Provider Portal > Member Eligibility Inquiry

Close Submit

TO SUBMIT AN ELIGIBILITY INQUIRY ON A SPECIFIC MEMBER, COMPLETE ONE OF THE FOLLOWING CRITERIA SETS AND CLICK 'SUBMIT'.

- MEMBER ID/CLIENT IDENTIFICATION NUMBER(CIN)/CARD NUMBER/PENDING ELIGIBILITY RID OR
- LAST NAME, FIRST NAME AND DATE OF BIRTH OR
- LAST NAME, FIRST NAME AND SSN OR
- SSN AND DATE OF BIRTH
- ADDITIONAL SEARCH OPTIONS (Use if needed with one of the Search Options above to obtain a unique member match) :
- GENDER
- ZIP CODE
- CASE NUMBER

**MEMBER ELIGIBILITY INQUIRY**

SEARCH MA PENDING ELIGIBILITY: ☐

SEARCH BY SERVICE TYPE(S): ☐

SERVICING PROVIDER NPI/PROVIDER ID:  \*

FILTER BY: --SELECT--

LAST NAME:

DATE OF BIRTH:

Gender: --SELECT--

MICHILD Case Number:

INQUIRY START DATE: 03/05/2020  \*

SSN:

FIRST NAME:

Zip Code:

MA Case Number:

INQUIRY END DATE: 03/05/2020  \*

## Verification Requirement: Coding

- Note: Follow up with the appropriate managed care organization to determine coding restrictions. [April 2023 Managed Care Organization Dental Vendor Contact Resource](#)

### **CODING\*\***

- Is this a covered procedure code? Does it require Prior Authorization? Are there other restrictions? Patient in an MHP or ICO? Please remember you must reach out to the Plan for coding specifics.
- [Medicaid Code and Rate Reference Tool](#)
- [Dental Fee Schedule](#)
- [Prior Authorization webpage](#) / [PA Screen Navigation](#)

\*\*Medicaid Health Plans (MHPs) and Integrated Care Organizations (ICOs) must provide the full range of covered services described in policy at a minimum and may choose to provide services over and above those specified. MHPs and ICOs may develop prior authorization (PA) requirements and review criteria that differ from Medicaid requirements. For beneficiaries enrolled in an MHP or ICO, the provider must check with the beneficiary's health plan for PA requirements.

# Verification Requirement: Coding

## Medicaid Code and Rate Reference Resources

- Additional instructions and materials can be found on the CHAMPS webpage
  - Medicaid Code & Rate Reference Tutorial- [PDF](#), [Recording](#)
  - [Quick Reference Guide](#)

The screenshot shows the 'Code Management Toolkit' web application. At the top, there is a navigation bar with 'Home' and 'iCRL' tabs. A 'Welcome' message and a 'LOGOUT' button are in the top right. Below the navigation bar, there is a 'Search Codes' section with a magnifying glass icon and the text 'Type the codes to search and view their rates and properties.' To the right of this, there are tabs for 'HCPCS/CPT Codes', 'ICD9/ICD10 Codes', and 'Reports'. Below these tabs, there are three dropdown menus for 'Provider Type', 'Specialty', and 'Sub Specialty', each with a '--' placeholder. To the right of these dropdowns, there is a 'Date' field set to '02/10/2022' and a 'Code Lookup' field. A 'Search' button is located below the 'Code Lookup' field. Below the search section, there is a 'Code List' table with columns for 'Code', 'Type', and 'Description'. The table is currently empty. At the bottom of the table, there is a pagination bar showing 'Page 0 of 25'. The footer of the application displays 'CNSI © 2014 www.cns-inc.com'.

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# Verification Requirement: Coding

## Prior Authorization

- Resources:
  - [Michigan Medicaid Provider Manual](#) >> Dental Chapter
  - Dental Prior Approval Authorization Request form - [MSA 1680-B](#)
  - Initial Prior Authorization Fax Number: 517-335-0075
  - Prior Authorization Change Request Fax Number: 517-241-7813
- For help in entering a PA into CHAMPS via Direct Data Entry (DDE) reference [CHAMPS Prior Authorization](#)
- Look up PA Correspondence from Archived Documents – [My Inbox Resource](#)

- Approved requests are assigned a Prior Authorization (PA) number (also known as a tracking number when inquiring on the PA submitted) and notification is sent to the provider.
  - This PA number is required when billing for the approved services.
  - Claims will deny for invalid or missing PA number with a CARC 15 / RARC N54.
    - When billing for services that require a PA, the PA information must match what is on the claim including the NPI, beneficiary ID, date range, procedure code, and modifier.
- PA is approved under requesting NPI on the PA form.
  - Provided it is the group NPI, it may be transferred or used by any dentist within the same organization without contacting the MDHHS Dental Prior Authorization Unit.
- All authorized treatments must be completed within the prior authorization period on the approval letter (typically one year from the date of authorization).
  - If treatment is not completed within one year, the PA request must be updated before continuing treatment.
  - A provider has 15 days prior to the end of the prior authorization period to request a one-time extension of up to 180 days.
  - If treatment is not completed within the authorized period a new prior authorization request must be submitted for the existing PA.
- If a change in the treatment plan is necessary, dentists should send a fax to the Change Request Fax Number with a cover sheet including an explanation of the change submit a new [MSA 1680-B](#) with appropriate radiographs and information to the Dental Prior Authorization Unit.

# Verification Requirement: Coding

## PA Request List

- The PA request list function brings back any PA submitted by the NPI you are logged into CHAMPS under. Therefore, to make looking for a specific PA easier a user can filter for a specific Beneficiary ID, Beneficiary Name, Tracking Number, Request Date, and/or Status of a PA.
- Simply select the dropdown arrow next to Filter By and select the criteria to search by. Users can use up to three search criteria.
- If a user is unable to locate a PA submission for a beneficiary, a new PA may need to be submitted.
  - Select Add New Request
  - For further instruction on how to complete via Direct Data Entry (DDE) a PA in CHAMPS reference [CHAMPS Prior Authorization presentation](#)

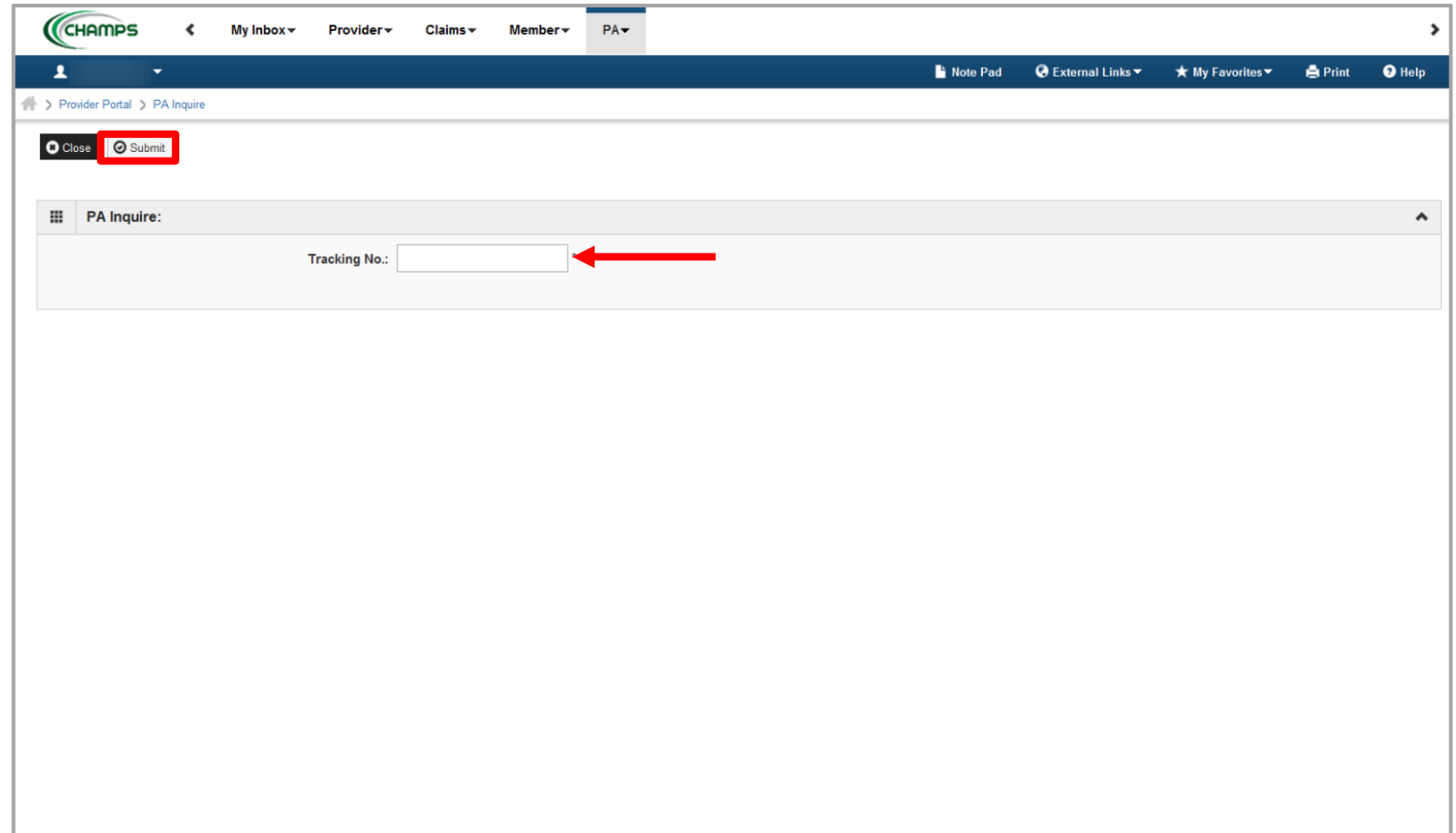
The screenshot shows the CHAMPS web application interface. At the top, there's a navigation bar with tabs: My Inbox, Provider, Claims, Member, and PA. Below this is a sub-header with 'Provider Portal' and 'Prior Authorization'. The main content area is titled 'PA Request List'. It features a search section with 'Filter By' dropdowns and a 'Go' button. A red box highlights the 'Add New Request' button, and a red arrow points to the 'Filter By' dropdown. Below the search section is a table with columns: Page View, Org, Beneficiary ID, Beneficiary Name, Tracking No., Request Date, Status, NPI/ID, and Upload. The table contains several rows of data, including PA requests for MPRO. At the bottom, there are pagination controls showing 'View Page: 1' and 'Viewing Page: 1'.

Page View	Org	Beneficiary ID	Beneficiary Name	Tracking No.	Request Date	Status	NPI/ID	Upload
					02/06/2012	Entering		
					02/08/2012	Entering		
	PA - MPRO				05/23/2014	Requested		
	PA - MPRO				05/23/2014	Requested		
	PA - MPRO				05/23/2014	Requested		
	PA - MPRO				05/23/2014	Requested		
	PA - MPRO				05/23/2014	Requested		
	PA - MPRO				05/27/2014	Requested		

# Verification Requirement: Coding

## PA Inquire

- Enter the PA Tracking number received after successfully entering in a PA.
- Click Submit
- After submitting the tracking number in question, the PA Utilization page will display.
- The PA Utilization page will display the Beneficiary Name, Authorization Status, code(s) requested, the date span for the approved code(s), and if there are multiple codes, specifically which codes have been approved, denied, or returned for more information.
- For detailed Prior Authorization information visit the [MI Medicaid Provider Manual](#), Chapter General Information for Providers, Section 10 – Prior Authorizations.



The screenshot shows the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo and tabs for My Inbox, Provider, Claims, Member, and PA. Below this is a secondary navigation bar with links for Note Pad, External Links, My Favorites, Print, and Help. The main content area is titled 'PA Inquire' and contains a 'Close' button and a 'Submit' button. Below these buttons is a form labeled 'PA Inquire:' with a 'Tracking No.' field. A red arrow points to the 'Tracking No.' field, indicating where the user should enter the tracking number.

## Verification Requirement: Coding

### Dental Frequency Verification (DFV)

- Email  
[ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov)
- If a DFV is approved, the Service Request (SR) associated with the DFV is good for one year from the approval date.
- Approval does not guarantee payment or beneficiary eligibility for the date of service. Providers must verify eligibility through CHAMPS prior to services.
- If a PA had already been approved. A DFV is not required and will not be reviewed.

### Fee-for-Service Beneficiaries only with a MA benefit plan ID

Dental Frequency Verification (DFV) is for those beneficiaries with a Benefit Plan ID of MA ONLY, to verify five-year rule eligibility for the service being requested. When emailing the following information MUST be included:

- Billing Provider NPI:
- Beneficiary ID:
- Date of Service (DOS):
- Procedure Code (One procedure code per email request):
- Procedure Code Description (Denture or Crown):
- Tooth Number if applicable:

Note: Providers must contact the Managed Care Organization for beneficiaries who are in an MHP (i.e., MC) or ICO.

# Verification Requirement: Billing Tip

- Billing reminder:  
The date of service on a claim for endodontic therapy is the date the therapy was started or the date of the initial impressions for complete or partial dentures and laboratory-processed crowns.

Exceptions for reimbursement after loss of eligibility:	Conditions not eligible for reimbursement after loss of coverage:
<ul style="list-style-type: none"><li>• Endodontic Therapy</li><li>• Complete and Partial Dentures</li><li>• Laboratory-Processed Crowns</li><li>• Services are allowed as long as:<ul style="list-style-type: none"><li>• Services were started prior to the loss of eligibility</li><li>• Impressions were taken prior to the loss of eligibility for complete or partial dentures and laboratory-processed crowns.</li><li>• Services must be completed within 30 days of change and/or loss of eligibility.</li></ul></li></ul>	<ul style="list-style-type: none"><li>• Extractions were performed, but prior to the initial impressions. The extractions alone do not qualify the beneficiary for dentures.</li><li>• Immediate dentures</li></ul>



## Claim Submission

- All claims must be submitted in accordance with the policies, rules, and procedures as stated in the [Michigan Medicaid Provider Manual](#) and in compliance with applicable coding guidelines and conventions.

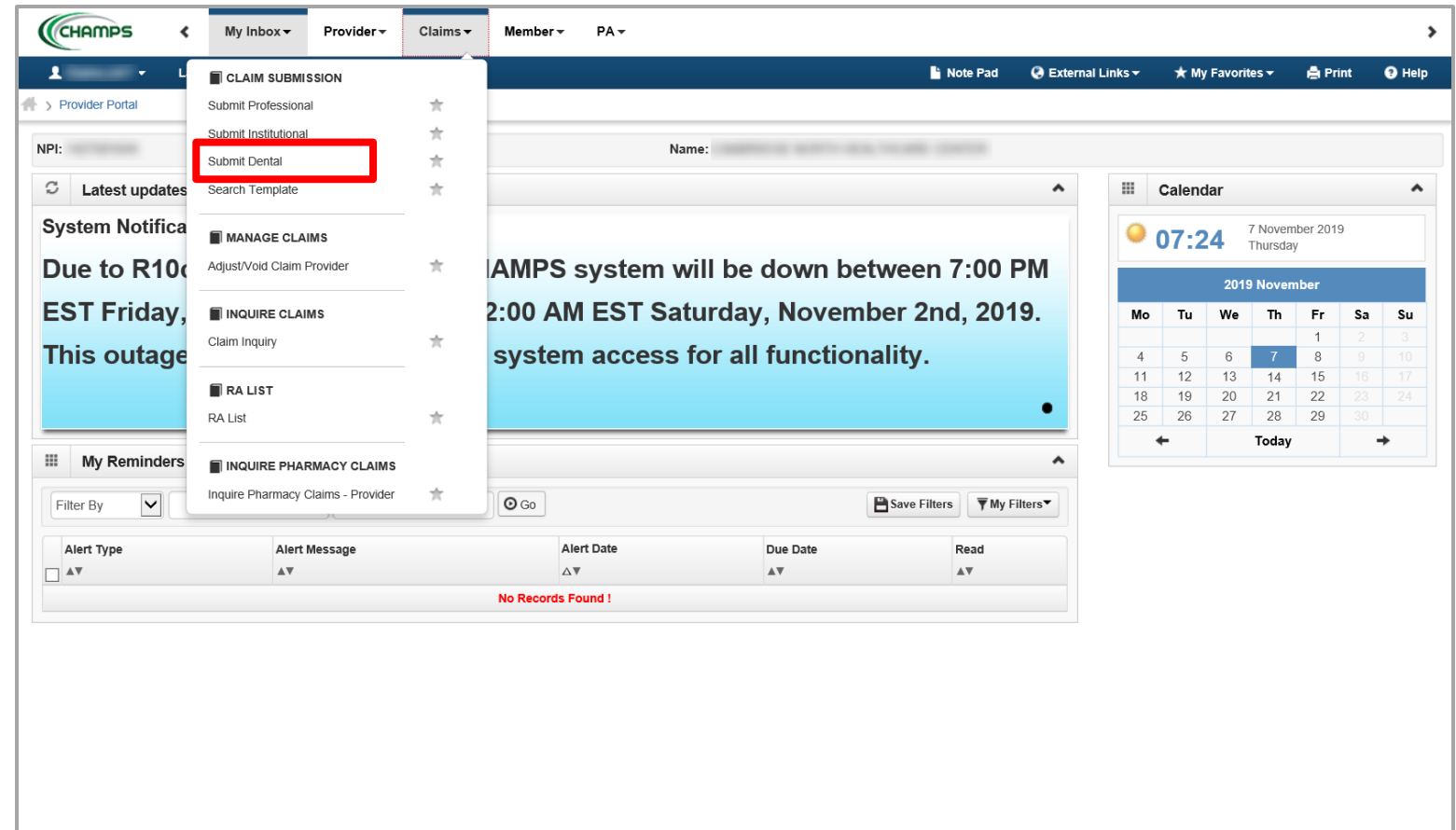
Fee for service claims must be submitted to CHAMPS. Claims can be submitted via Direct Data Entry (DDE) or electronically.

- [Dental Claim Submission](#)
- DDE Claim Submission - [Video](#)
- [Submitting Claim Files Electronically](#)

Note: If a beneficiary has insurance other than Medicaid it will be pertinent to have this information prior to entering a claim.

# Claim Submission

- Reference the [Dental webpage](#) for billing tips and resources
- Click on any of the below hyperlinks for detailed instructions.
- [CHAMPS Claims Resources](#)
- Direct Data Entry:
  - [Dental](#)
  - [Search Template](#)
- Electronic Billing:
  - [Electronic Submissions Transactions](#)
  - [HIPAA – Companion Guides](#)
  - [Submitting Files Electronically](#)



Claims for beneficiaries that reside in a Managed Care Organization will need to be submitted to the Managed Care Organization. [April 2023 Managed Care Organization Dental Vendor Contact Resource](#)

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Note: Asterisks (\*) denote required fields.

## Basic Claim Info

Provider | Beneficiary | Claim | Service

## PROVIDER INFORMATION

## BILLING PROVIDER INFORMATION

Provider ID:  \* Type: NPI  \* Taxonomy Code:

? Is the Billing Provider also the Rendering Provider? ☐ Yes ☒ No

## RENDERING PROVIDER

Provider ID:

? Is the Billing Provider

? Is this service the re

? Is this service the re

## BENEFICIARY INFORMATION

## BENEFICIARY

Beneficiary ID:  \*  
Last Name:  \* First Name:  \* MI:  Suffix:   
Date of Birth:  mm  dd  yyyy \* Gender:   \*

? Does the beneficiary have insurance other than Medicaid? ☒ Yes ☐ No

## OTHER INSURANCE INFORMATION

## Other Subscriber Information

Payer Responsibility Code:   \*

Payer ID Number:  \*

Subscriber Last Name:

Insured's Group or Policy Number:  \*

Claim Filing Indicator:   \*

Remittance Date:  mm  dd  yyyy

Subscriber Member ID:

First Name:  MI:  Suffix:

Beneficiary's Relationship:

Total COB Payer Paid Amount:  \*

[Add Another](#)

CLAIM INFORMATION

CLAIM DATA

Patient Account No.:

\*

Place of Service:

\*

Service Start Date:

mm

dd

yyyy

\*

Appliance Placement Date:

mm

dd

yyyy

Service End Date:

mm

dd

yyyy

\*

PRIOR AUTHORIZATION/REFERRAL NUMBER

Prior Authorization Number:

MDHHS PA: 

YesNo

Referral Number:

+

DELAY REASON

+

CLAIM NOTE

?

Is this claim accident related?

?

Does this claim have backup documentation

?

Does this claim require a diagnosis code?

BASIC LINE ITEM INFORMATION

Click on Insurance Info to enter each Line's Insurance Information.

BASIC SERVICE LINE ITEMS

Service Date:

mm

dd

yyyy

\*

Treatment Start Date:

mm

dd

yyyy

Place of Service:

Area Of Oral Cavity:

Tooth Number/Letter:

Surface: 1:

2: 3: 4: 5:

Procedure Code:

\*

Quantity:

Procedure Description:

Characters Remaining: 80

Diagnosis Pointers: 1: 2: 3: 4:

Prior Authorization Number:

MDHHS PA: 

YesNo

Referral Number:

Rendering Provider ID:(If different from header):

Type:

Taxonomy Code:

Supervising Provider ID: (If different from header):

Type:

Fees:

\*

+

Add Service Line Item

Update Service Line Item

52

### Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information.

Click on Insurance Info to enter each Line's Insurance Information.

Line No	Service Date	Area of Oral Cavity	Tooth Number/Letter	Surface					Procedure Code
				1	2	3	4	5	
1	12/31/2999								D2540

Close

Submit Claim

Save as Template

Reset

Dental Claim

Note: Asterisks (\*) denote required fields.

Basic Claim Info

Provider | Beneficiary | Claim | Service

PROVIDER INFORMATION

BILLING PROVIDER INFORMATION

Provider ID:  \* Type:  \* Taxonomy Code:

Print Help

Submitted Dental Claim Details

TCN: 2  00

Billing Provider ID:

Billing Provider Name:

Beneficiary ID:

Beneficiary Name:

Date of Service:

Upload Documents

Print

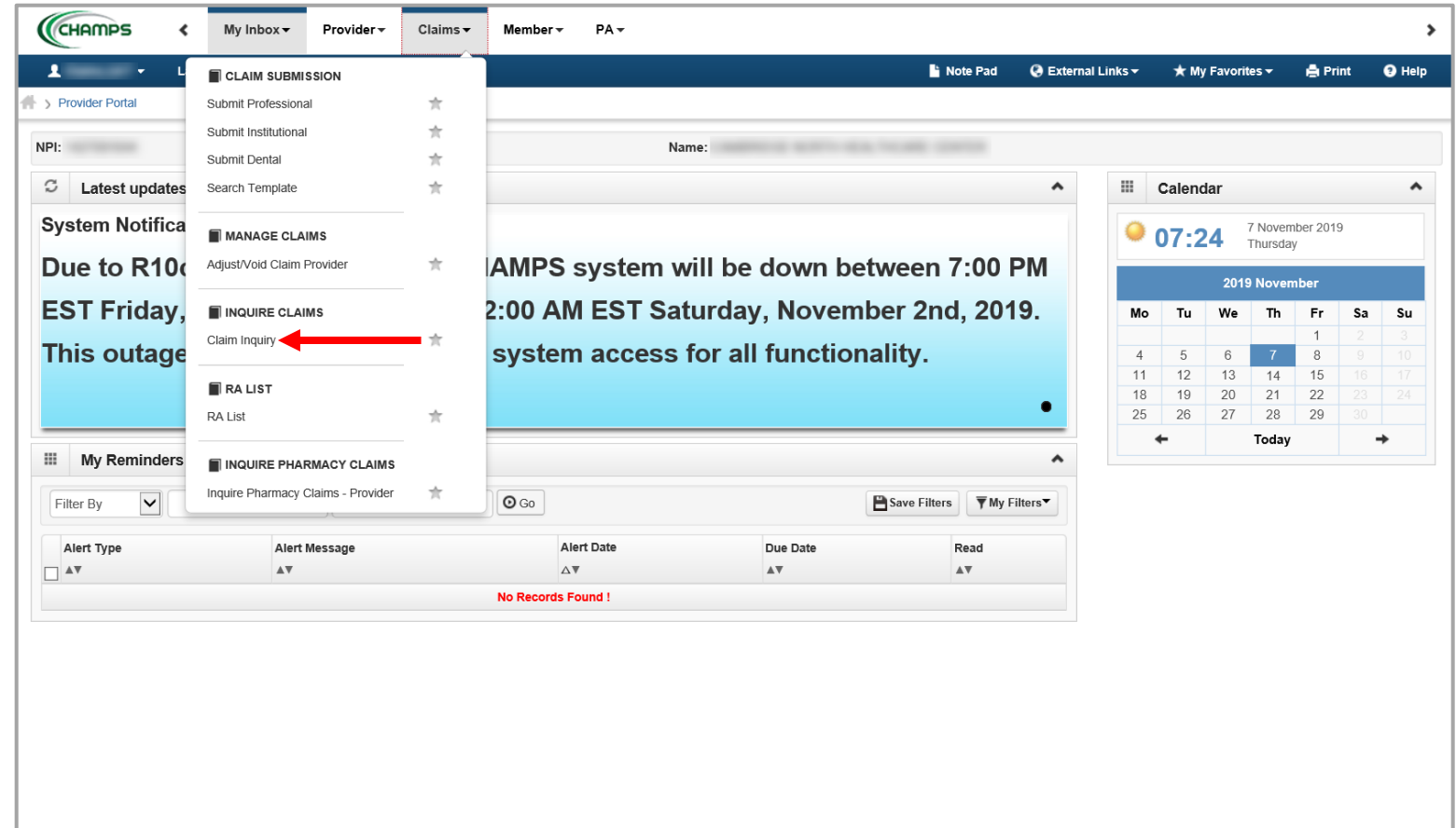
Close

# After the Claim has been Processed

- Claim Inquiry
  - [How to search for claims within CHAMPS - Claim Inquiry](#)
  - Determine the status of a claim. (i.e., IN PROCESS, PAID, DENIED, or SUSPENDED)
  - Status the claim >> [Claim Status Instructions](#)
  - Claim Inquiry - [Video](#)
- Need to adjust or void a claim?
  - [Manage Claims-Adjust/Void](#)
  - Adjust and Void Claims- [Video](#)
  - [How to Adjust a Claim with Other Insurance](#)
- How to locate a paper Remittance Advice (RA)?
  - [Retrieving a Medicaid Paper RA](#)
  - How to locate the Washington Publishing Company for Claim Adjustment Reason Codes (CARC) and Remittance Advice Remark Codes (RARC) explanation >> [External Links Quick Reference](#)

## After the Claim has been Processed: Claim Inquiry

- Some of the filter options for inquiring on a claim include:
  - Using a TCN to search
  - Using From/To dates to search for claims
  - Locating Reason and Remark codes
- To walk through one of the above filter options follow the Quick Reference Guide:
  - [Claim Inquiry](#)
- Another resource for providers when utilizing claim inquiry is to utilize the Claim Limit List function. This resource will help determine the cause for claim/service line suspended or denied claims.
  - [Claim Limit List](#)



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## After the Claim has been Processed: Adjust /Void a Claim

- Instructions on how to adjust or void a claim:
  - [Adjust/Void Claim Provider](#)
- The following reasons to adjust or void a claim are included in the instructions:
  - Adjust a Claim for Reprocessing
  - Adjust a Claim to Delete Primary Insurance
  - Adjust a Claim to Add Other Insurance at the Header
  - Adjust a Claim to Add Other Insurance at the Service Line
  - Adjust a Claim to Update Service Line Information
  - Adjust a Claim to Add a Service Line
  - Adjust a Claim to Delete a Service Line
  - Adjust a Claim to Add an NDC Code
  - How to Void a Claim

The screenshot shows the CHAMPS Provider Portal interface. The 'Claims' tab is selected in the top navigation bar. A dropdown menu is open, showing options under 'CLAIM SUBMISSION', 'MANAGE CLAIMS', 'INQUIRE CLAIMS', 'RA LIST', and 'INQUIRE PHARMACY CLAIMS'. A red arrow points to the 'Adjust/Void Claim Provider' option under the 'MANAGE CLAIMS' section. The main content area displays a system notification: 'CHAMPS system will be down between 7:00 PM 11/02/2019 and 12:00 AM EST Saturday, November 2nd, 2019. No system access for all functionality.' Below the notification is a 'My Reminders' section with a table header: 'Alert Type', 'Alert Message', 'Alert Date', 'Due Date', and 'Read'. The table currently shows 'No Records Found!'. On the right side, there is a 'Calendar' widget showing the date '7 November 2019 Thursday' and a calendar grid for November 2019.

*This presentation, including screen images, is based on a CHAMPS Full Access Profile. Additional features/tabs will vary based upon profiles selected.*



## After the Claim has been Processed: RA List

- If a provider selected yes to the question, Accept 835 (reported at EIN/TIN level) from within the Location step of their Provider Enrollment Application then this provider will be able to see their electronic RA/835 data under the RA List. However, providers who have selected no, because they plan on using a Billing Agent, will only be able to see their Paper RA in archived documents under the My Inbox tab. To view the electronic RA/835 providers will need to work with a Billing Agent.
  - Providers with a Billing Agent will need to work with their Billing Agent.
  - CHAMPS only stores three months of data within the RA List.
- Helpful resources for providers who receive a paper remittance advice include:
  - [TCN Composition Worksheet](#)
  - [Paper RA Explanation](#)

The screenshot displays the CHAMPS Provider Portal interface. At the top, there are navigation tabs: My Inbox, Provider, Claims, Member, and PA. The 'Claims' tab is selected. A dropdown menu is open under 'Claims', showing options: CLAIM SUBMISSION (with sub-items: Submit Professional, Submit Institutional, Submit Dental, Search Template), MANAGE CLAIMS (with sub-item: Adjust/Void Claim Provider), INQUIRE CLAIMS (with sub-item: Claim Inquiry), RA LIST (highlighted with a red arrow), and INQUIRE PHARMACY CLAIMS (with sub-item: Inquire Pharmacy Claims - Provider). The main content area shows a system notification: 'CHAMPS system will be down between 7:00 PM 11/01/2019 and 12:00 AM EST Saturday, November 2nd, 2019. No system access for all functionality.' Below this, there is a 'My Reminders' section with a table header: Alert Type, Alert Message, Alert Date, Due Date, and Read. The table currently shows 'No Records Found!'. On the right side, there is a 'Calendar' widget showing the date 7 November 2019 (Thursday) and a calendar grid for November 2019.

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Terms	Website	Definition
Medicaid / Fee-For-Service (FFS)(Traditional)	<a href="#">Medicaid Website</a>	<p>Medicaid is a health care program for low-income families and individuals of all ages. In Michigan, there is traditional Medicaid and the Healthy Michigan Plan (HMP). Eligible beneficiaries can then enroll in a Medicaid Health Plan (MHP) or an Integrated Care Organization (ICO). Within the Medicaid population, there are groups that:</p> <ul style="list-style-type: none"> <li>• Must enroll in an MHP.</li> <li>• May voluntarily enroll in an MHP or ICO.</li> <li>• May be passively assigned to an ICO.</li> <li>• Are excluded from enrollment in an MHP or an ICO.</li> </ul>
Managed Care Organization (MCO)	<a href="#">MCO Website</a>	Encompasses all MDHHS contracts where a monthly capitation rate is given to provide specific covered services to enrolled Medicaid beneficiaries (i.e., MHP and ICO).
Medicaid Health Plan (MHP)	<a href="#">MHP Website</a>	A Medicaid-managed care plan that provides medical assistance through the delivery of Covered Services to Beneficiaries and that holds a Comprehensive Health Care Program Contract with the State of Michigan.
Integrated Care Organization (ICO) / MI Health Link	<a href="#">ICO website</a>	A Medicare-Medicaid managed care plan that operates under a three-way contract with MDHHS (Medicaid) and CMS to provide all Medicare and most Medicaid covered services through a program called <a href="#">MI Health Link</a> that integrates into a single coordinated delivery system all physical health care (including dental and vision), pharmacy, long term supports and services, Home and Community Based Services (HCBS), and Medicare behavioral health care for individuals who are dually eligible for full Medicare and full Medicaid. (Medicaid Specialty Behavioral Health Services are carved out and provided by regional PIHPs.)

For additional health coverage and medical terms visit:

- [Michigan Medicaid Provider Manual](#) >> Glossary or
- Department of Insurance and Financial Services [Glossary of Health Coverage and Medical Terms](#).

# Provider Resources



For more information on how benefits are changing with the COVID-19 Public Health Emergency (PHE) [visit www.Michigan.gov/2023BenefitChanges](https://www.Michigan.gov/2023BenefitChanges).



**MDHHS website:** [www.michigan.gov/medicaidproviders](https://www.michigan.gov/medicaidproviders)



**We continue to update our Provider Resources:**

[CHAMPS Resources](#)

[Listserv Instructions](#)

[Provider Alerts](#)

[Provider Enrollment Website](#)



**Provider Support:**

[ProviderSupport@Michigan.gov](mailto:ProviderSupport@Michigan.gov)

1-800-292-2550



Thank you for participating in the Michigan Medicaid Program